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**\*BIBDATASHEET\***

CONFIRMATION NO. 2116

Bib Data Sheet

|                                    |   |                     |                               |                                       |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/522,114 | <b>FILING OR 371(c) DATE</b><br>01/24/2005<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1624 | <b>ATTORNEY DOCKET NO.</b><br>20919YP |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/22807 07/21/2003 which claims benefit of 60/398,716 07/25/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|   |   |   |                            |                           |                                |
|---|---|---|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>UNITED KINGDOM | <b>SHEETS DRAWING</b><br>0 | <b>TOTAL CLAIMS</b><br>19 | <b>INDEPENDENT CLAIMS</b><br>2 |
| Verified and Acknowledged                                   | Examiner's Signature _____ Initials _____   |   |                            |                           |                                |

**ADDRESS**

000210

**TITLE**

THERAPEUTIC COMPOUNDS FOR TREATING DYSLIPIDEMIC CONDITIONS

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1250 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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